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Access to diabetes education key to change

by Amanda Baldwin

No matter who we are or where we grew up, we as individuals are all handed challenges in life. Some we may handle with grace while others pose a real struggle. At one point in existence, we may find ourselves lost in the dark, praying we will stumble onto an easy solution or that one magic answer to help us fix or cope with a challenge.



Amanda Baldwin

My name is Amanda and I am 22 years old. I have always been a perfectionist. When I set my mind to something, the following action involves dedication, effort and success. I got type 1 diabetes when I was 11 years old. I lived on a small island in southeast Alaska at the time of the diagnosis. Where I grew up there were no doctors that specialized in diabetes. Diabetes quickly became my enemy, the one thing I couldn't seem to succeed at. I didn't understand what had happened to my body or my life within a five minute phone call from my doctor. My hometown didn't have the doctors or medical training to help me grasp what was going on or to help me through it.

I would fly to Seattle four times a year to see a diabetes specialist. The doctors in Seattle were wonderful but I was still left to fight diabetes alone all but four hours a year. My blood sugars felt near impossible to control. I was no longer allowed to have the same relaxed and carefree lifestyle that my peers were still living and I was resentful. I began dealing with depression and anxiety. Trying to come to grips with these new emotions was just as hard as trying to manage my diabetes.

After about three years of having horrible control of diabetes using injection shots, my doctor in Seattle put me on the insulin pump. I had a lot of questions regarding how to

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properly use insulin pump therapy but there were no doctors that knew about the pump in my hometown. I couldn't seem to control my diabetes no matter how hard I tried so I went into complete denial. I figured if I couldn't manage my diabetes while putting effort into it, then forget it. It was embarrassing, I couldn't succeed, so I just quit.

I would go a week without ever testing my blood sugar and eat what I wanted while simply estimating how much insulin to give. I never had an A1C below 11. The more out of control my diabetes became, the more I struggled with depression, anxiety and sleeping. I was always in and out of hospitals due to dangerously high levels of ketones. My eyesight grew worse and worse. Eventually my kidneys stopped filtering the correct amounts of albumin and I was put on medication. My thyroid gland wasn't able to produce enough of its hormone so I was put on medication for hypothyroidism. Without my knowledge, I developed Celiac disease and an intolerance to dairy. My esophagus stopped functioning like it once did so I was put on medication for that as well.

I stopped eating because food made me feel awful and I figured it would be easier to avoid high bloodsugars if I wasn't consuming carbohydrates. Yes, diabetes really was my enemy and I had no clue how to beat it.

Finally, in February of 2007 I became very sick because of my diabetes. I was in intensive care at Samaritan Lebanon Community Hospital for five days, maybe one of which I actually remember. While I was in the hospital a very special lady from the hospital's diabetes education program came in to see me. Two weeks later I started going to their clinic twice a month. I met with a diabetes specialist, Kathy Hillary, and a dietitian, Angie Frederic. Angie helped me discover that I had Celiac disease. She taught me there is a way I can eat, take care of my body and feel great. Angie would also make meal plans with me to help organize healthy meals with appropriate portions. She also has helped me more than any therapist ever has with my depression and anxiety. Beyond being a medical professional, she has become my friend. Kathy immediately started helping me

with my blood sugars. She put me on a continuous glucose monitoring system and adjusted several functions of my insulin pump. As weeks went by, my blood sugars started dropping closer to the desired range. We made several changes to my basal rates and carbohydrate to insulin ratios. I had never seen my diabetes behave the way I have learned it could. My average blood sugar level went from being in the 300s or 400s to the lower 100s. My A1C came down to seven and kept dropping. I was able to eat meals, count my carbohydrates and maintain normal blood sugars, all at the same time. I was losing weight, feeling energized and my depression levels dropped dramatically. For the first time in my life, I was conquering my diabetes instead of it conquering me.

I struggled for ten years with my diabetes. It threw me all over the place regardless of any efforts I knew how to make. I made poor decisions and put a lot of strain on my body. Through that process I learned that you don't have to do things tomorrow the way you did them yesterday. I started testing my blood sugars like crazy and recording what I ate. I collected details

about each day to provide my health care team with as much information possible so they could use all their tools to help change take place. Anyone can get control of their diabetes. There is help out there to anyone who feels defeated. It was hard to get going on the right path but once I started seeing results, things really took off for me. It is an amazing feeling that every diabetic deserves to feel.

Yes, I still have occasional high blood sugars or days where the last thing I feel like doing is testing my blood. I allow myself to have bad days without feeling defeated. The knowledge I have gained is priceless and I am healthier today than I have ever been before. I can't erase the damage I've done but I can take charge right now and live a long, fulfilling life. We may not have some of the answers it takes to control diabetes, but someone does. It is worth every effort to get our answers. Once diabetes is controlled, it seems everything else falls in place. No matter how hard today is, tomorrow can be better. I needed help to make it that way and I owe it all to the individuals who were there to help me succeed!



Write the pounds away through journaling

by Kathy Hillary RN, CDE, CFCN

Statistics show that journaling can increase your weight loss success by 20 percent.

A journal is a record of your progress. It's not just for weight. You should be journaling:

- What you eat and how much
- When you eat
- How much you exercise
- Your weight and measurements

Often people have these complaints about journaling:

- It takes too much time
- It's boring
- It's too hard to remember to do

With all that said, if you can move past these preconceived notions, you will find journaling can really make a difference and help you meet your weight loss goals.

Why does journaling work? Journaling implements accountability. When you take the time to write things down, you take it more seriously. It also reduces the guesswork when it comes to calories. If it's all written down, you know exactly what you are consuming. If you don't know the caloric content for a particular food that you've eaten, try the book "The Calorie King, Calorie, Fat and Carbohydrate Counter." It is an excellent resource for figuring out calories. With exercise, your goal should be increasing activity each week. If you journal what you do, you'll be able to see your progress. It helps you monitor improvements in your weight and measurements.

Carry your journal with you so it's convenient to write in and reference. Journaling should take about five minutes a day. This little investment of time will help you reap really big rewards — self awareness and weight loss success.

Recipe of the quarter

Caraway cabbage and cranberries

Adapted from "The Mayo Clinic Williams-Sonoma Cookbook: Simple Solutions"

Ingredients

1½ lb green or red cabbage, quartered, cored
2 tsp. olive oil
1 onion, thinly sliced
1 carrot, shredded
2 apples, preferably Gold Delicious, cored and shredded
½ cup dried cranberries, chopped
½ tsp. ground pepper
½ tsp. caraway seeds
⅓ cup malt vinegar or cider vinegar
2 Tbsp. Splenda
½ cup water
2 Tbsp. chopped fresh flat-leaf (Italian) parsley

Preparation

1. Using a sharp knife or food processor fitted with a slicing disk, shred the cabbage.
2. In a large saucepan over medium heat, heat the olive oil. Add the onion and carrot and sauté until softened slightly, about 5 minutes.
3. Add the cabbage, apples, cranberries, pepper, caraway seeds, vinegar, Splenda and water. Stir and toss to combine. Bring to a boil. Reduce heat to medium, cover and cook, stirring occasionally, until the cabbage is tender and the liquid has mostly evaporated, about 15 minutes. Stir in the parsley.

4. Serve now, or refrigerate in a tightly covered container for up to 24 hours. Although delicious freshly cooked, this combination seems to taste even better after the various elements have had a chance to mingle.

5. If needed, reheat in a double boiler.

6. To serve, transfer to a bowl.

Serves: 6

Preparation: 15 minutes Cooking: 20 minutes

Per serving: Calories 85, Kilojoules 467, Protein 2 g, Carbohydrates 19 g, Total fat 2 g, Saturated fat <1g, Cholesterol 0 mg, Sodium 22 mg, Dietary Fiber 4 g



Diabetes and its connection to depression

by Scott Safford, PhD

Numerous studies indicate a significant link between depression and diabetes. These studies suggest between 20 and 40 percent of people with diabetes have moderate to severe depressive symptoms. This association is particularly strong among individuals with multiple chronic health conditions. Whether depression is a risk factor for, or consequence of diabetes, is not completely clear. It is likely both are true. Managing diabetes and its effects on one's body can result in significant psychological distress. On the other hand, depressed individuals are less likely to engage in healthy behaviors such as regular exercise and eating appropriately. Depression also has been shown to affect metabolic processes, including glucose metabolism. These studies illustrate how depression can have both a direct and indirect effect on the development of diabetes.

Research shows diabetics who are depressed tend to have higher functional impairment, more difficulties with diabetes related self-care (e.g., medication, diet and exercise compliance), poorer communication with their health care providers and lower quality of life. Therefore, addressing depression may go a long way toward improving health outcomes and overall quality of life for individuals with diabetes.

Fortunately, a number of effective interventions exist for treating depression in individuals with diabetes. Several antidepressants have been demonstrated to be effective at reducing depression in diabetics. There are also several psychotherapy interventions that have been shown to be as effective as medication in addressing depression. Psychotherapy can improve mood and help individuals develop better coping strategies, reduce negative thinking patterns, work on conflictual relationship issues that may be contributing to distress and help individuals develop individualized strategies for incorporating better diet, exercise and improved medical treatment compliance into their life — all with the added benefit of no side effects. Please talk with your primary care physician if you think a referral might be appropriate for you!



Dr. Safford is a psychologist at Heartspring Wellness Center, in Albany and Corvallis, specializing in the treatment of anxiety, depression and managing psychological factors associated with chronic health conditions. He can be reached in Corvallis at (541) 768-6412 or in Albany at (541) 812-5656.

Dinner at the Monticello: A historical reflection

by Teresa Cochran, MS, RD, CDE

Ever since reading about Thomas Jefferson's magnificent sky lit, octagonal shaped Monticello mansion in my fourth-grade geography class, I've dreamt about seeing it in person. Many decades later, this dream became reality as I had the opportunity to visit this grand historical plantation while on a trip to attend the American Association of Diabetes Educator's (AADE) Conference in Washington D.C. this summer.

As an avid lover of food and its history, I was struck by the architectural layout of the Monticello kitchen, which was located under the main house, complete with a bake oven fireplace and an eight-opening stew stove, with a huge kettle space. Not only was this the best equipped kitchen in Virginia, but also probably the only kitchen that boasted a bona fide French chef. When Jefferson was a United States Minister to France, he took one of his slaves, 19-year-old James Hemings, with him to France "for a particular purpose." Hemings spent the next three years as an apprentice with a variety of French chefs, and then he took charge of Jefferson's kitchens on the Champs-Élysées in France, in Philadelphia and later at Monticello. In 1824, Daniel Webster noted Monticello dinners were "served in half Virginian, half French style, in good taste and abundance."

Thomas Jefferson, while not a vegetarian, ate very little meat compared to his contemporaries. He preferred vegetables, of which his vast gardens contained more than 250 varieties of herbs and vegetables, including the dreaded exotic "poison" tomato. His 5,000-acre

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Ask a CDE

by Debbie Pauls, RN, BSN, CDE

Q. When is the best time to test my blood sugar and why?

A. There are many different answers to this question, so I'll start by saying to work with your diabetes educator to figure out what's best for you. With that said, it's best to correlate your blood sugar level with the factors that may be affecting it at any one time. And, while there are many factors that affect blood sugar, the experts have set targets for what your blood sugar should be in relation to whether you've eaten or not.

For that reason, it may be best to test your sugar (glucose) level when you've not eaten for a period of time, such as when you first get up in the morning, and to test it about two hours after a meal, when blood sugars tend to run highest. This information will help your diabetes management team recommend treatments for your specific needs. It may point to treatment options for you such as fine tuning your meal plan, increasing exercise, reducing stress levels or changing medication. For most people, testing twice a day is enough to give us the information we need. For others, more or less testing may be necessary. Check with your diabetes educator for more guidance.



Why the name change?

As you may have noticed, we've changed the name of this newsletter. Formerly titled, "Diabetes News," we've updated the title to "Life with Diabetes" in an effort to better communicate our mission and purpose.

Through this publication, we provide information and motivation for those affected by diabetes to live full and happy lives.

SHS diabetes education and support classes

UpBeat for Life!

Cardiac diabetes support group

This group provides support, encouragement, new information and healthy recipes for individuals and families with diabetes and/or heart disease, or an interest in preventing these diseases.

Corvallis

Last Tuesday, 2 to 3 p.m.

Location: GSRMC, conference room

Call for information: (541) 768-6973

Sweet Home

Third Monday, 6:30 p.m., healthy potluck; 7:15 p.m., meeting.

Location: Sweet Home United Methodist Church, 845 Sixth Ave.

Call for information: Rod, (541) 466-5589

Diabetes foot clinic

Early detection of diabetic foot problems can help prevent future complications. The foot clinic assesses sensation of skin and nails, and teaches foot care. Treatment of diabetic foot problems includes nail care, calluses and ulcers. A physician's order is required.

Cost: Insurance may cover part or all of the cost. Call for cost information.

Albany

Every Tuesday

Location: SAGH, Wound Ostomy clinic

Call for information: (541) 812-4072

Corvallis

Every Tuesday, 8 a.m. to 4:30 p.m.

Location: Corvallis Medical Center, second floor

Call for information and to make an appointment: (541) 768-6973

Lebanon

Every Wednesday

Call for information and to make an appointment: (541) 451-6313

Diabetes support

This monthly support group provides ongoing education and encouragement for people with diabetes and their families.

Albany

Third Tuesday, 6:30 to 7:30 p.m.

Location: 620 Elm St. SW, second floor, Diabetes Education Classroom

Diabetes Education Classroom

Call for information: (541) 812-4839

Lincoln City

Last Tuesday, 2 to 3 p.m.

Location: SNLH, Foundation conference room

Call for information: (541) 574-4682

Newport

Second Thursday, 2 to 3 p.m.

Location: SPCH, Education Room

Call for information: (541) 574-4682

Also in Newport

Type 1 and type 2 children, teens and parents

Call for information: Jennifer Reinhart, (541) 265-9498

Siletz

Third Thursday, noon to 1 p.m.

Location: Siletz Community Health Clinic

Call for information: Darcy de la Rosa, (541) 444-9647

Waldport

Third Wednesday, 1 to 2 p.m.

Location: Waldport Senior Center

Call for information: (541) 265-6611 ext. 2432

Diabetes management

This class gives an overview of diabetes, including its causes and symptoms, and suggests diet, exercise and medication modifications. Psychological and emotional aspects of the disease are also covered. (If the group setting is not convenient for you, ask about individual classes.) A physician's order and advance registration is required. Call the site you wish to attend classes at for dates and information.

Cost: Many insurance plans will help cover the cost of the class. Check with your health plan office for questions about coverage. A referral from your physician is necessary for insurance reimbursement.

Albany, (541) 812-4839

Corvallis, (541) 768-6973

Lebanon, (541) 451-6313

Lincoln City and Newport, (541) 574-4682

Diabetes prevention: a guide to better health

A class for anyone who has been diagnosed with pre-diabetes, glucose intolerance, insulin resistance or metabolic syndrome, designed to help you make important lifestyle changes in diet and exercise to prevent or delay the onset of diabetes and decrease your risk for cardiovascular disease. Emphasis is on starting an exercise program, eating healthy for life and goal setting. No physician referral is necessary. Call the site you wish to attend classes at for dates and information.

Cost: \$30/person or \$45/couple

Albany, (541) 812-4839

Corvallis, (541) 768-6973

Lebanon, (541) 451-6313

Life improvement workshops

Open to anyone who wants to learn about new ways to live a healthier life. Topics range from heart health and good nutrition to activities and habits that can improve your mental health, as well as your physical health.

Location: SLCH

Cost: free

Call for dates and information: (541) 451-6313

Living Well with Chronic Conditions

This free six-session workshop helps adults with chronic conditions, such as diabetes, COPD, high blood pressure or arthritis learn how to take control of their health. Participants build skills and confidence for managing their health, staying active and enjoying life.

Classes are offered in the following communities; call for more information.

Depoe Bay, Lincoln City, Newport, Waldport and Yachats, (541) 265-6611 ext. 2432

Linn and Benton counties, (541) 451-6466

Meals made easy

A four-week series offered by the Lincoln County Diabetes Education and Prevention Coalition teaches individuals how to successfully manage diabetes through healthy eating habits and activity.

Cost: \$20/person or \$35/couple, scholarships available

Lincoln City and Newport

Call for dates and times: Heather LaMonte, (541) 574-4682

Monticello continued from page 5

estate also boasted fruit orchards, ornamental gardens and vineyards. The gardens were surrounded by 10-foot high wooden "paling" fences to keep out deer and foragers.

Of course, for me, being on the East Coast on the eve of a diabetic conference, I had to wonder, how might a diabetic have fared at this point in time? What would their table have been like? From 1797 to the early 19th century, diabetics were allowed no plant products except for a small amount of wheat flour. For breakfast, they could have one-and-one-half pints of milk, one-half pint of lime water, bread and butter. The noon meal would be plain bread pudding (blood and suet only), dinner consisted of fat and rancid old meat and game. Supper was the same as breakfast. Prior to this, people were bled, given opium or starvation diets, where caloric intake was severely restricted. Life expectancy with diabetes was only a few years. What a joy it was to attend the American Association of Diabetic Educators conference. After immersing myself into Monticello's rich history, I found further appreciation for how far we have come with our understanding of diabetes, its treatment modalities, and how, if one keeps their blood sugars under control, one may live a long, healthy life, free of diabetic complications.



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GSRMC: Good Samaritan Regional Medical Center
SLCH: Samaritan Lebanon Community Hospital
SPCH: Samaritan Pacific Communities Hospital
SAGH: Samaritan Albany General Hospital
SNLH: Samaritan North Lincoln Hospital



Mark your calendar

Annual Lincoln County diabetes workshop set for March 7

All persons affected by diabetes including families, caregivers and friends are invited to attend the Lincoln County Diabetes Education and Prevention Coalition's Eighth Annual Diabetes Update workshop on March 7. This day-long workshop focusing on nutrition, meal preparation and exercise will be held at the Best Western Agate Beach Inn in Newport.

There is a \$10 fee for the workshop, which includes lunch. For information or to register, call Heather at (541) 574-4682.

Diabetes symposium to be held in Albany on April 4

Come absorb information on diabetes self-management and how to live with diabetes on April 4 from 7:30 a.m. to noon at Linn-Benton Community College (LBCC).

The following educational seminars will be offered: vitamin D and its correlation to diabetes by Glen Huerta-Enochian, MD; sleep disorders and diabetes by Cynthia Rodriguez, FNP; and a panel discussion by dietitians from Samaritan Health Services on healthy eating with diabetes. A diabetes product fair and free, healthy snacks will also be offered.

This event is free and co-sponsored by LBCC and Samaritan Health Services. Space is limited, so pre-register early by calling (541) 917-4840.

The meaning of A1c and how to convert it to eAG

by Debbie Pauls, RN, BSN, CDE

For those of you who have been confused by the mixing up of numbers and percentages when it comes to talking about blood glucose, you are not alone. On a day to day basis, you are most interested in what your specific glucose level is, which is measured in "mg/dl," or milligrams per deciliter. For you, it may be that your daily glucose runs in the low 100s in the morning and in the 130s after meals. But, your health care provider may be talking about your glucose level in terms of a percentage and "overall average glucose control." That can be confusing when your told to "get your glucose down to six."

Finally, some diabetes experts have come up with a formula to convert the Hemoglobin A1c into a number that correlates to your average glucose level in the same measuring units, mg/dl. A study has demonstrated a

linear relationship between A1c and average blood glucose levels, resulting in the development of a new term, estimated average glucose or eAG.

Now most laboratories are adding the eAG number to your A1c reading on lab slips. See the comparison chart above right.

To see the formula, calculate your own eAG, or to calculate your A1c from your home average, go to <http://professional.diabetes.org/GlucoseCalculator.aspx>.

A1C	eAG
%	mg/dl
6	126
6.5	140
7	154
7.5	169
8	183
8.5	197
9	212
9.5	226
10	240

Three diabetes myths – busted!

Adapted from American Diabetes Association www.diabetes.org/diabetes-myths.jsp.

People with diabetes can't eat sweets or chocolate.

If eaten as part of a healthy meal plan, or combined with exercise, sweets and desserts can be eaten by people with diabetes. They are no more "off limits" to people with diabetes, than there are for people without diabetes.

Eating too much sugar causes diabetes.

No. Diabetes is caused by a combination of genetic and lifestyle factors. However, being overweight does increase your risk for developing type 2 diabetes. If you have a history of diabetes in your family, eating a healthy meal plan and regular exercise are recommended to manage your weight.

Insulin causes weight gain, and because obesity is bad for you, insulin should not be taken.

Not true. Studies show the benefit of glucose management with insulin far outweighs (no pun intended) the risk of weight gain.